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very item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS shadSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIOn mportant. See instructions on back of certificate.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in ----Ward) a hospital or institution, give its NAME Instead the Elisabe of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED, Suc WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Day (Year) 7 AGE It LESS than on the date stated above, at_ 4 day ... hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, 1 hour business, or establishment in (Duration) yrs mos which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State _____ yrs, ____ mos, __ Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BUBBAL OR REMOVAL (Address) 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Dranklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant ncoplasms); Meastes; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senilc," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; State cause for "Exhaustlon," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG ·5 1915
BURFAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occorred in ..Ward) a hospital or Institution. give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Year) Write the word) 6 DATE OF BIRTH 516 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date atated above, 1 day, L. hrs. The CAUSE OF DEATH* was as follows: OR mln. ?

20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

LEREBY CERTIFY, That I attended deceased from Contributory (Secondary) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In-the of death _____ yrs. ____ mos. ___ State yrs. ____ mos. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL

ADDRESS

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BOCCUPATION

(a) Frade, prefession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER

OF MOTHER (State or country

12 MAIDEN NAME

13 BIRTHPLACE

(Informant)

(b) General nature of industry,

business, or establishment in

which employed (or employer) -----



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust;; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purpural septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 "Dropsy," "Exhaustion," __ (name origin; "Can-



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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. etc. The contributory oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association. "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceiwhich surgical operation was undertaken. For vio-Always qualify all diseases resulting from Meastes (discase causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"

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RECEIVED

AUF 9 1915

BUREAU, V.S.

1 PLACE OF DEATH

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Gounty 7	()	1114	60	Registration D	
Village or City	whilford (No	1. Bay		St.; War	Elt death occuri
PERSON	AL AND STATISTICAL PARTICULA	ARS	м	EDICÁL CERTIFICATE	OF DEATH
3 SEX Male	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	parried ord)	16 DATE OF DEA	TH July (Month) HEREBY CERTIFY, Tha	(Day (Ye
6 DATE OF BIRTH	/2 (Month) /8 (Day	, 1847 (Year)	that I last saw h.	191 2 , to	ely 7 = 11
7 AGE	7 yrs 6 mos 20 os.	If LESS than 1 day,hrs. ORmin.?		curred on the date stat DEATH * was as follows	
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)		Gontributory		yrs mos.	
9 BIRTHPLACE (State or country) Harfred Co Md. 10 NAME OF FATHER My Bay	Secondary (Signed)	(Duration)	yrs mos		
11 BIRTHPLA OF FATHE (State or 12 MAIDEN N OF MOTH	Recountry) Harford Co.	and le	*State the Di CAUSES, state (TAL, SUICIDAL,	SEASE CAUSING DEATH, (1) MEANS OF INJURY; OF HOMICIDAL.	3
13 BIRTHPLAC OF MOTHE (State or	Recountry) Horford les	Mef	At place ot death yrs Where was disease co	nos. ds. State	
(Intormant) 25	Whitefird ?	nd	If not at place of deat Former or usual residence		DATE OF BURIAL
Filed July 9	1910 JasWM M	REGISTRAR	20 UNDERTAKER	Trece	ADDRESS

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cuted thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman," (6)

CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Meastes; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify aii diseases resuiting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencia. injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Peisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustlon," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The uature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For vio-



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V. S. No. 1.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS shoul Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give its NAME Instead of street and nomber.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 6 SINGLE, MARRIEO. nance WIDOWEO, (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH classifled. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR ? properly BOCCUPATION AGI (a) Trade, profession, or particular kind of work pe (b) General nature of Industry, business, or establishment in may which employed (or employer) Secondary (State or country) (Duration)yrs.... 10 NAME OF FATHER (Signed) of back 11 BIRTHPLACE ., 191.V... (Address). ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) di = 13 BIRTHPLACE At place OF MOTHER (State or country) EATH of death _____ yrs. ___ mos. ___ State _____ yrs. ___ _ ds. Where was disease contracted. If not at place of death? 0 0 Former or P Item Every Item CAUSE OF Important. usual residence ACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 ADDRESS 100 RECISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

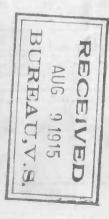


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid dineumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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	1 PLACE OF DEATH Cohy	STATE OF MARYLAND
	11728/	CERTIFICATE OF DEATH
Co	ounty tharford	Registered No. 184
	nour farting to	[it death occurred in
V	FULL NAME FENNY Cola	St.; Ward) a hospital or institution, give its NAME instead of atreet and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	hale thit (Write the word)	16 DATE OF DEATH FULLY 25, 191 (Month) (Day) (Year)
1	(Write the word)	1 HEREBY CERTIFY, That I attended deceased from
00	ATE OF BIRTH Jan. 22-1843	900 1914, to July 28, 1915.
	(Month) (Day) (Year)	that I last saw here. alive on
TAC		and that death occurred on the date stated above, at 2 m,
	72 yrs. 6 mos. 6 ds. 0Rmin.?	The CAUSE OF DEATH * was as follows:
80	CCUPATION	- Obronic Valorilar
(a)	Trade, protession, or the procession or the proc	
	rticular kind of work	pells + accord
	iness, or eelablishment in the small	(Ouratioo) yrs. mos. ds.
-	IRTHPLACE tate or country) Harbord Co	(Secondary) (Duation) Yrs. mos. is.
	10 NAME OF Jances W. Brooke	(Signed) T.B.I.G., M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country) Harford Co.	*State the DISEASE CAUSING DEATH, or, in death, from VIOLENT
PARENT	12 MAIDEN NAME Sarah a Lewis	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Harford Co.	At place in the ot death yrs mos ds. State yrs mos ds.
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was dissase contracted, It not at place at death?
	(Informant) affred Collown	Former or usual residence.
	(Address) Have de mice mds	19 PLACE OF BURIAL OR HEMOYAL DATE OF BURIAL
16 Fil	es July 29th M. P. Whitele	Quigel Hill Cemetery July 30, 1915
1	WERLLY REGISTRAR	Il Securitous son Havede nace by
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

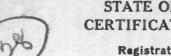
childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Can-State cause for



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PHYSICIANS should state RECORD PERMANENT of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. UNFADING INK-THIS WITH PLAINLY, WRITE CAUSE OF Important. S N. B.

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PLACE OF DEATH	11790
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ounty Hayma	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vil	lage or City bell has (No.		[if death occurred in a hospital or institution, give its NAME lostead of straet and nomber.]
	FULL NAME TO THE		or settle and mounder.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
38	and Amale Single, Married, Markied, Married, Willowed, ORDIVERGED (Write the word)	(Models) (1):	
6 D	ATE OF BIRTH All Month (Day (Year)	that I last saw h silve on the	1915.
7 A	GE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above The CAUSE OF DEATH* was as follows:	s, at
9) (a)	CCUPATION) Trada, profession, or ricular kind of work COUPATION	Tuberculos Pulma,	nay
bus	eneral nature of Industry, liness, or establishment in lich employed (or employer)	(Duration) (Duration) yrs	mosds.
9 B	(State or country)	Contributory Secondary	***************************************
	10 NAME OF FATHER WINNOWN	(Signed) Cives. Communication (Signed) Cives.	mosds.
NTS	11 BIRTHPLACE OF FATHER (State or country)	LILLY 4 1915 (Address) Bellis	7 / 1991
PARENT	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in de Causes, state (1) Means of Injury; and (2) Tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OF THE PROPERTY OF THE P	whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, ds. State yrs	
	(Informant)	Where was diseasa contracted, If not at place of death? Former or Usual residence	
15 FII	e (Address) Bel Mr Mily e (Arly 5 1915 LEdga Dean	In I gion Cemeling In	RESS ()

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For VIO-



PHYSICIANS Sha RECORD PERMANENT Cla properly supplied. UNFADING may certificate. that 80 ō back terms, 60 plain Instructions of information _ DEATH WRITE See Every Item CAUSE OF mportant.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred la StWard) a hospital or Institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX . 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) 9 (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 12000 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF . FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) State the Disease Causing Death, or, in deaths, from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. Where was disease contracted. If not at place of death? usual residence DATE OF BURIAL 15 20 UNDEBTAKER ADDRESS

(Year)

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tuberculesis of tungs, meninges, peritonacum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can affection need not be stated unless important. Excer" is less definite; avoid use of "Tnmor" for maligsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.;



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

/	PLACE OF DEATH County Harford. Village or City Belaic (No. (No. (No. (No. (No. (No. (No. (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 8 [if death occurred in a hospital or institution, despital or institution, despi
	2FULL NAME A STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
	Phale Hoto Strike Wood Strike Word Strike Word Strike Word Strike Word Strike Strike Word Strike	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from [191, to, 191, that I last saw h Man, alive on, 191,
	(Month) (Day (Year)) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, a Marketon. The GAUSE OF DEATH* was as follows: Cartina Sclinger Cardiac Olembra
	(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Contr
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country) Ircland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edw Dayf	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
	Filed July 5 1915 Leg 21 Fichards	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Three datif Center Mallaton July 16, 1915 20 UNDERTAKER ADDRESS Chos & Hornberger Hallstin Ind

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further corresponderence. All the data is essential and must be obtained before the certificate is permanently filed.

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I deal so her lead to be a called at 10 philips here.

V. S. No. 1.

/	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	ty Mayora	Registration Dist. No.
Villag	ge or City Conserting (No. , 2 FULL NAME Ellen 02	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	wals White the word)	16 DATE OF DEATH (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH 5 - 18 1825	, 191 4, to , 191;
7 AG	90 1 20 1 day, hrs.	and that death occurred on the date stated above, at III. The CAUSE OF DEATH ** was as follows:
(a	YES MOS SS. OK MIM. P CCUPATION) Trade, profession, or flouiar kind of work	A Complication
bus whi) General nature of industry siness, or establishment in ich employed (or employer)	(Duretion) yrs mos.
	10 NAME OF FATHER	(Signed) Provided Cakes (Signed)
RENTS	11 BIRTHPLACE OF FATHER (State or country) Deland:	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEF OR RECENT RESIDENTS) Al place In the
14 Th	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	of deathyrsmosds. Stale,yrsmos Whers was disase contracted,
	(Informant) Mariner Quembra's	if not st place of death?
	(Address) Emmster	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Thence Cently July 9, 191.
15	July 9 the 1915 - Comes lo brown	20 UNDERTAKER ADDRESS HOWARD (MCComo Allere y Co



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autotaken to report specifically the occupations of persons mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," head-homicide; Struck by state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping rent) affection need not be stated unless important: railway train-accident; Revolver wound of The contributory (secondary or intercur-Poisoned by carbolic acid—probably Never report mere



S. No. 1.

N. B.—Every item of information chould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terme, so that it may be properly classified. Exact statement of QCGUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH 11733



STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Winder (No. 2 PULL NAME From eis From Eis	St; Ward) [It death occurred in a hospital or institution, give ils NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male. White (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)	that I last saw h. Manalive on Deal July 7, 191 J.	
7 AGE If LESS than 1 day,hrs. OR J. min. ?	and that death occurred on the date stated above, at	
(a) Trade, profession, or particular kind of work	intilial colo	
(b) General nature of industry, business, or establishment in which employed (or employer)	Gontributory Withman ds.	
(State or country) Aarford.	(Secondary) (Duration) yrs mos ds. (Signed) MPermen M. D.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	
12 MAIDEN NAME OF MOTHER Aydia! (paronson. 13 BIRTHPLACE OF MOTHER (State or country) Asar Lond	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or usual residence	
15 Filed Suly 7, 1915 Rus Affection	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SUBSULTA CENTER JULY 1915 ADDRESS	
REGISTRAR	Harry Covery Gleden Md.	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.		



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Groccry; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing different or the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fever (never report "Typhoid pheninonia"); Lobar pheninonia; Bronchophenonia ("Pheninonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

injury, as fracture of skull, and consequences (e. E., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mall; ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascma. Sarcoma. etc., of ... "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples: For VIO-



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Instructions

RECORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in .Ward) a hospital or institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, DATE OF DEATH GOLOR OR RACE MARRIED. WIDOWED, A (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, s 1 day,....hrs. The CAUSE OF DEATH * was as follows: -min. ? BOCCUPATION (a) Trade, profession, pr particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country of death yrs. mos. ... State Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death? ... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 .., 191. 20 UNDERTAKER ADDRESS REGISTRAR

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cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precisc specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," If the occupation has (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles (disease causing death), 29 ds.; (Recommendations on statement of For VIO-



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Tif death occurred in a hospital or institution. give its NAME instead of street and number.

MEDICAL CERTIFICATE OF DEATH That I attended deceased State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF WIJERY; and (2) whether ACCIDENTAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State, yrs. DATE OF BURIAL ADDRESS



[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton who receive a definite salary), may be entered as Houseprecise specification as Day luborer, Farm laborer, Laborer "Foreman," "Manager," "Lealer," etc., without more mobile factory. mill; (a) Salesman, (b) Greery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary freman, etc. But in many cases cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e.g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-(inil

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia of lungs, meninunqualified, is indefinite); Tubercubosis of lungs, menin-

genital," "Senile," etc.), באיניה, genital," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," mus," "Old Age," "Shock," ean be ascertained as the on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible Struck to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilanitis," etc. State cause for which birth or misearriage cause. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" (merely symptomatic), rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Coma," "Convulsions," "Debility" ("Conas "Puerperal septichaemia," carbolic acid-probably "Atrophy," ACCIDENTAL unportant.



PHYSICIANS should state of OCCURATION is very RECORD carefully supplied. AGE should be stated EXACTLY. It is that it may be properly classified. Exact statement certificate. PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS 0 0 of Information should be DEATH in plain terms, See instructions on back N. B.—Every Item CAUSE OF Important.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

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[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	FOLL NAME.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day. (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h. (2 alive on fall 2 1915;
7 A	GE If LESS than	and that death occurred on the date stated above, at
_	73 yrs 7 mos 3 ds 0R mln.?	The CAUSE OF DEATH * was as follows:
1 (0)	Trade, profession, or Themas I work	Thurse Dibley
bus	Oeneral nature of Industry, iness, or establishment in ich employed (or employer)	(Duration) yrs mos ds.
9 B	(State or country) Aw Urk	Contributory Secondary
	10 NAME OF FATHER Hillren Sticking	(Signed) The Proceedings of M. D.
STN	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
PARENT	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
	(Informant) live to leve	If not at place of death? Former or usual residence.
15	(Address) This Hill had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	of My 6, 196 Q. Edgar Dens	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: (6)

Statement of cause of death—Name, first, the misrase causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. eause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal eonditions, such as "Asample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
10	Registration Dist, No
Village or City Sheet (No. 2FULL NAME Mrs allie R	St.; Ward) St.; Ward) A hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from July 1 1915
(Month) (Day) (Year)	that I last saw h De alive on July 10 1915
7 AGE 5 4 yrs. 4 mos. 2 ds. 0R min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Bairthplace (State or country) Perman.	Contributory (Secondary) (Ouration) / yrs. mos. ds (Ouration) / yrs. mos. ds
10 NAME OF Michael Bair 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME 7/1 MOTHER OF MOTHER OF MOTHER	(Signed) Warren Ramon, M. D. State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address). Street M. 15 Filed July 12 1915 Just O Mnebb REGISTRAR H more blanks are needed, address State Regis trar, 6	20 UNDERTAKER E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. ness.. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b). Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as mine, etc. it should be used only when needed. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the Dispasse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimio," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras affection need not be stated unless important. oma. Sarcoma. etc., of __ ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic ocid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis "Contributory." Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic Sarcoma. etc., of ______ (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Sbock," "Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL schtichae. Never report Examples: For vio-



STATE OF MARYLAND 1 PLACE OF DEATH Very state CERTIFICATE OF DEATH Should OCCUPATION Registration Dist. No. PHYSICIANS [If death occurred in Village or City (No .. -Ward) a hospital or institution, RECORD give its NAME Instead pf.etreef and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. BINDING (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from stated 6 DATE OF BIRTH about classified. (Month) Day FAGE If LESS than should and that death occurred on the date stated above, at FOR 1 dayhrs. OR 7 properly AGE BOCCUPATION (a) Trade, profession, or RESERVED particular kind of work. supplied. may be (b) General nature of Industry, UNFADING business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory -certifica Secondary (State or country) that (Doration) 10 NAME OF (Signed) MARGIN PARENTS BIRTHPLACE OF FATHER (State or country) term ba State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 0 12 MAIDEN NAME plain DEATH in plain OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs, mos. ds. State _ Where was disease contracted. See If not at place of death? Former or OF usual residence. important. Every Ite PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 29 UNDERTAKER ADDRESS REGISTRAR 2221 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitie," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of The nature of the Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

state very	1 PLACE OF DEATH 11739	STATE OF MARYLAND
	County It and my	CERTIFICATE OF DEATH
DO Z		Registration Dist, No. /8/
MSICIANS should occupation is	Village or City ble (No. No. No. No. No. No. No. No. No. No.	St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
- t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ed EXACTLY.	Sex Color or Race Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH State of Death State of Death 1913 1913 17 1 1 1 1 1 1 1 1
be state	Ang 24 1899 (Month) (Day (Year)	that I lest saw hassa alive on fully 31 , 1915
should l	7 AGE 15 10 mos 2 if LESS than 1 day,hrs. ORmin. ?	and that desth occurred on the date stated above, st
AGE	(a) Trade, profession, or particular kind of work	
may be	(b) General nature of Industry, business, or sestablishment in which employed (or employer)	(Ouration) — yrs ds.
arefully su that it m certificate.	9 BIRTHPLACE (State or country) / many fam d	Contributory Secondary
ild be care rms, so tha back of cer	10 NAME OF Sloy d Hollingsworth	(Signed) James V. Kenning M. D. Quely 24, 191 2 (Address) Alexander Bree
shot on	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
nformation VTH in plain Instructions	13 BIRTHPLACE OF MOTHER (State or country) In any land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds
DF DE	(Informant) Stoyd Sollingswalk	Where was disease contracted, If not at place of death? Former or usual_residence.
CAUSE (Important	16 Filed July 25 1915 One Allufa	Mon blagel parts of Burial Mon blagel puly 25, 1915 20 UNDERTAKER ADDRESS
z. G	REGISTRAR	trar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the pisease material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaeetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection necd not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," 01



PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Larlington (No,	St.; Ward) [If death occurred a hospital or lastitution give its NAME instead
FULL NAME Labina 2	ohnso of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WHOOWEN, MARRIED, WHOWEN, MARRIED, WHOOWEN, MARRIED, WHOOWEN, MARRIED, WHOOWEN, MARRIED, WHOOWEN, WHOO WELL WAS A COLOR OR RACE OF THE PROPERTY OF THE	16 DATE OF DEATH (Worth) (Day) (Year)
(Write the word)	17 HEREBY CERTIFY, That I sttended deceased from
angust 20, 185	that lest saw has alive on Meh. 24 1915
7 AGE (Month) (Day) (Year)	
(0 0 yrs 2 mos. 3 ds. OR min. ?	
BOCCUPATION	during fast falls mouth
(a) Frade, profession, or particular kind et work	and the well to state
(b) General nature of industry, ' business, or establishment in which employed (or employer)	The cause of de coursions , yes mos do
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF Am archer	(Signed) TE Sallion yrs mos ds
V 11 BIRTHPLACE OF FATHER (State or country)	fully 6, 1910 (Address) Dalley 1000
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Longeanna Gamson	Former or usual residence
(Address) Warlington Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 26,191 M. P. Whilelow	OUNDERTAKER ADDRESS
DEfauly REGISTRAR	Horaley Warlington
If more blanks are needed, andress State Registr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcopers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 (name origin; "Can-Examples: For VIO-



/	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Coun	2 1.6	Registration Dist. No. 185-
· William	2 FULL NAME Marcus Jours	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MO	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO OR OIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 1910
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
10	15	, 191, to, 191, that I last saw h
7 AG	(Month) (Day) (Year) E If LESS than	and that death occurred on the date stated above, at
ach	1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
(a	CCUPATION Trade, profession, or ticular kind of work	Roasted to death
bus bus) General nature of Industry iness, or establishment in ——————————————————————————————————	(Buration) yrs mos ds,
	RTHPLACE (State or country) Unknown	Secondary (Quration) yrs mos ds.
	10 NAME OF FATHER LINKSOWN	(Signed) Joseph Hauburg ly M. O.
L	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
PARENTS	12 MAIDEN NAME OF MOTHER WRITER	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country).	OR RECENT RESIDENTS) At place In the of desth yrs. mos. ds. State, yrs. mos. ds.
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	if not at place of death?
	(Informant) / J.	Former or sput residence
	(Address) Marriden	County Cemetry July 6 - 1015
15 File	July 8, 191 5 - ABBay	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. L. No.



[Approved by U. S. Census and American Public Health Association,]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be the duties of the honsehold only (not paid Housekeepers write None Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Pealer." etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) (roccry; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Never return If retired from "Laborer," (b) Anto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonilis," etc. State cause for which etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Struck genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," "An iemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenperal scplicharmia, by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, Never report mere "Atrophy," acid-probably ACCIDENTAL, ("Con-



PHYSICIANS should state of OCCUPATION IS very RECORD EZ PERMAN classifled. pe should properly AGE supplied. pe msy certificate. that 80 90 back terms, 00 plain Instructions EATH In 10 0 OF Important. ы Every ø.

STATE OF MARYLAND CERTIFICATE OF DEATH Konreno Registration Dist. No lif death occurred to .Ward) a hospital or institution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word) HEREBY CERTIFY, That I attended deceased from (Day) (Year) (Month) 7 AGE it LESS than 1 day,hrs. OR min. ? BOCCUPATION (a) Frade, profession, or (b) General nature of industry. business, or establishment in which employed (or employer) State of country) Contributory..... (Secondary) 10 NAME OF (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) __ yrs. mos. ds. State..... yrs. ____ mos. Where was disease contracted. if oot at place of death?. usual residence DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as hay laborer, Farm laborer, Laborer—Coal mine, etc. Momen at home, who are bagaged in the been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial empfoyments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ogrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionacum, etc. Carcin-

such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accichildbirth or miscarriage, as "Purreral septichaemia," "Purreral peritonits etc. State cause for which surgical operation was undertaken. For violent pearly state means of injury and quality as accidental, suicidal, or homicidal, or as probably genital," "Senile," etc.), "Dropsy," "Exhaustion,"
"Hart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness,"
etc., when a definite disease can be ascertained as the scpsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned "Collapse." "Conta," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Arthenia," "Anaemia" (merely symptomatic) "Atrop", Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary, or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of (name origin; "Can-



PHYSICIANS should OCCUPATION Registration Dist. No RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 6 SINGLE. DATE OF DEATH MARRIED. WIDOWED, ORSIVORCEO DATE OF BIRTH classified. (Month) (Day (Year) TAGE If LESS than THIS 1 dayhrs. OR 7 properly BOCCUPATION (e) Trade, profession, or perticular kind of work... supplied. be (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 20 50 back ARENTS 11 BIRTHPLACE terms. pinous OF FATHER (State or country) 6 12 MAIDEN NAME plain Instructions OF MOTHER OR RECENT RESIDENTS) 드 13 BIRTHPLACE At place OF MOTHER (State or country) EATH of death yrs. . Where was disease contracted. 14 THE ABOVE IS TRU KNOWLEDGE Mont at place of death? Former or Every Item CAUSE OF Important. S Item usual residence 15 20 UNDERTAKER REGISTRAR

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Ilf death occurred to ----Ward) a hospital or institution.

give its NAME lostead of street and nomber.]

MEDICAL CERTIFICATE OF DEATH (Month) (Year) (Day I HEREBY CERTIFY. That I strended decessed from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the

State

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomencia-"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as genitai," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



1 PLACE OF DEATH

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County Harfird	Registration Dist. No. 183
Village or City Tedral Hell (No. ,	St.; Ward) [if death occur a hospital or instit give its NAME in of street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word) 6 DATE OF BIRTH July S 19/2 7 AGE If LESS the 1 day, hr	and that death occurred on the date stated above, at
B DCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	The CAUSE OF DEATH *: was as follows: Still Born, Sufficial before it could be delivered (Buration) yrs mos. Contributory Shandler Bassantation
(State or country) Federal Itile Md 10 NAME OF FATHER Charles RS Miller 11 BIRTHPLACE OF FATHER (State or country) Ballismore les Md 12 MAIDEN NAME	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from Violi Causes, state (1) Means of Injury; and (2) whether Acciding
of MOTHER Sella & Suffry 13 BIRTHPLACE OF MOTHER (State or country) Pitts force Pac 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Le & Miller	18 LENGTH DF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, If not at place of death? Former or usuel residence
(Address) RT.D. Ricks Md 18 Flied 1915 1915 Millians Registran If more blanks are needed, address/gate Registran	19 PLACE OF BURIAL OR REMOVAL St Mary o lymmetry July 8, 16 20 UNDERTAKER CO Y KINTE From Jarrettant

STATE OF MARYLAND

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foremon, business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to applies to each and every person, irrespective of know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Former or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, Locomotive engineer, Civil cer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever. The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," Struck on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "Hemorrhage," "Inanition," "Maras-mus," "Old Age," "Shoek," "Urumia," "Weakness," on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental depointing: state MEANS OF INJURY and qualify as ACCIDENTAL, chopneumonia (secondary), 10 ds. Never report mere surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" (merely symptomatie), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Senile," etc.), "Eropsy," The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Atrophy," "Exhaustion," unportant.



PERMANENT INK UNFADING

should OCCUPATION PHYSICIANS ō statement ted classified. properi supplied. pe pino DEATH 90 NO Every It 1

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (No. St.:---Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Month) I HEREBY CERTIFY, That I attended deceased from 191..... alive on (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, protession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME ATH in plain instructions OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ... yrs. mos. Where was disease contracted. 14 THE ABOVE IS It not at place of death?-Former or (Informant) usual residence. Important. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Ilt death occurred in

(Year)

a hospital or Institution. give its NAME lostead of street and number.]

(Day

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., genital," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head of Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of (secondary or intercurrent) "Dropsy," "Exhaustion," For Vio-



'PLACE OF DEATH

CERTIFICATE OF DEATH SICIANS Should Registered No. lif death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR BACE 1910 MARRIED, WIDOWED. (Month) (Day) (Year) OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 1913 (Year) (Month) Al Day) It LESS than TAGE f day,hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Doration)yrs.....mos..... which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER 11 BIRTHPLACE FNT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE) 13 BIRTHPLACE in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. Where was disease contracted. it not at place of death?... Former or usual residence. Every Item CAUSE OF Important. (Address) Harrs DATE OF BURIAL 15 ADDRESS Te., 19105 REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Acation, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essay to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first fine will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the rked on may form part of the second Never return "Laborer," "Foreman," return "Laborer," As examples: "Foreman," (0)

losis of lungs, meninges, peritonaeum, etc. Carcinpneumonla"); Lobar pneumoria; Bronchopneumonia "Croup"); Typhoid fever (never report, "Typhoid time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercuterm for the same disease. Examples: Cerebrospinal fever (the only definite strionym is "Endemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); 'Aiphtheria (avoid use of

> mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 State cause for Examples: For VIO-

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

BUREAU, V AUG : 5 1915

V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS SING CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	Important. See instructions on back of certificate.
	USE USE	orta
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PLACE OF DEATH	11
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Village or City Bel lin	
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.-

_St.;___Ward)

[If death occurred in a hospital or institution, give its NAME Instead

	FULL NAME Thomas	Sign its NAME Instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Par Color or RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH MY (Month) (Day (Year)	that I last saw h slive on 191
	GE yrs mes ds or min.? CCUPATION) Trade, protession, er	and that desth occurred on the date stated above, at
26) bus wh	rticular kind of work) General nature of Industry, siness, or establishment in lich employed (ar employer) IRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
NTS	10 NAME OF FATHER SINGLE SMITTER 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
PARE	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS) At place of deathyrsmssds. Staleyrsmssds
	(informant) The Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 191

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Thysician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." accidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



W. S. No. 1.

Village or City Upper X Rodgno.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /8 3 [it death occurred to a hospital or institution give its NAME lostead et street and nomber.]
* FULL NAME Lydia . !. Sf	reneer
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, Married Wildows D., ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from June 14, 1915, to gray 10, 1915.
(Month) (Day) (Year)	that I last saw her alive on July 10 ,1915
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 7 A.m. The CAUSE OF DEATH* was as follows: Shrowing Antestitial Regulation
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Durafien) yrs. mos. ds. Contributory (Secondary) (Deration) yrs. mos. (S.
10 NAME OF FATHER FRANK Melchell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) F. F. Bradley , M. D. My / Bradley , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Mary J. Mawkins 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. Slate yrs, mos. ds. Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Fallston Mag. 15 Filed July 17,1915 J. Pullips REGISTRAR If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL COLLARY M. E. Cerreles June 12., 191. 2 20 UNDERTAKER 10. 2, Walker Pleas and olle 18 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen-changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second additional line is provided for the latter statement essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," cbildbirth or miscarriage, as "Purereral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

AUG 9 1015

BUREAU, V.S.

V. S. No. 1.

County	Day cod	((PII	STATE OF MACERTIFICATE (OF DEATH
Village er	2 FULL NAME Chris	tind.	Dayl	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PE	ERSONAL AND STATISTICAL PARTICU	JLARS	N	TEDICAL CERTIFICATE	OF DEATH
Fem 6 DATE OF	ale Black Single, MARRIEO, WIDOWEO OR DIVORCED (Write the word)	2mgle	16 DATE OF DE	(Month)	(Day) (Year) ttended deceased from
7 AGE	(Month) (Day)	(Year)	that I last say		, 191 <
AGE	yrs. 6 mos. / ds.	1 day, hrs.		h occurred on the date s F DEATH * was as follo	
(b) Gener business,	TION , profession, or kind of work al nature of industry or establishment in loyed (or employer)		(lei	ile Hefsi (Buration)	irilis
9 BIRTHP (State	or country) Gravling H	rec	Contributo	(fluration)	wre mos d
υ F	AME OF ATHER I Scale To	aylor	(Signed)	1915 Address Hur	in
Z 0	State or country) Harford ALOEN NAME	De,	*State the CAUSES, state SUICIDAL OF	he Disease Causino Death, o e (1) Means of Injury; and Homicioal.	r, in deaths from VIOLENT (2) whether ACCIDENTAL,
0	RETHPLACE FMOTHER State or country) Carford	2 ong	OR RECENT R	mos. ds. Ste	
14 THE AB	el le les B	nd	Former or usual residence		
15 (A	(dress) Harredelna	ce	19 PLACE OF B	ey Hill	July 28, 1915
Filed	My 28, 1915 Show SIM	REGISTRAR	20 UNOERTAK	mist of Au	Hole mace
0	If more blanks are needed, address	State Registrar,	W. Saratoga St.	, Balto., Requestin, V. S. No.	1.



[Approved by U. S. Consus and American Public Health Association.]

C yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired wife, Housework, or At Home, and children, not gainfully precise specification as Day leborer, Farm luborer, Laborer "Foreman." "Managor," "Feeler." etc., -without more of the second statement. mobile factory. mill; (a) Salesman, (b) Fracery; (c) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Colton business or industry, and therefore an additional line is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, For many occupations a single word or term on the applies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in At home. Care should be Never Locomotive engineer, return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tubereulosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning. and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisaned by Struck state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. mus," "Old Age," "Shock," "Ursemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H-emorrhage." "Inantion," "Mara-"PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septicharmia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the спориситопа Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvator heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "An semia" symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull "Coma." (merely symptomatic), "Atrophy," "Coloma." "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercurcarbolic FOR VIOLENT DEATHS Never report mere ocid-probably



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred inWard) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h Em (Month) (Day (Year) TAGE if LESS than and that dasth occurred on the data stated above, at..... f day hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry. business, or establishment in (Duratioo)yrs....mos.....ds. which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) // Las OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State of country) At place In the of death _____ yrs. ____ mos. ____ ds. State _ Where was disease contracted. if not at place of death?. Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bulto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ampie: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasgenitai," "Senile," etc.), "Dropsy,", "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of

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PHYSICIANS Shound of OCCUPATION IS Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement PERMANENT UNFADING INK-THIS PLAINLY, WITH WRITE Important.

See instructions on back of certificate.

PLACE OF DEATH 751

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;-------Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jes.	MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH July. 1915 (Year)	
5 DA	MATE OF BIRTH Month (Day (Year)	that I last saw here alive on Add 1 1 1913	
7 AG	7 8 yrs 1 mos ds. OR min. ?	and that death occurred on the date stated above, at 20 n The CAUSE OF DEATH* was as follows:	
par (b) busi	Trade, profession, or House Keeper ticular kind of work. General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) / yrs mos.	
9 BI	10 NAME OF FATHER	Contributory Carcumon of Stomach Secondary	
S 11 BIR	Hannel M Mallis 11 BIRTHPLACE OF FATHER (State or eountry) M. C.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident	
PAR	12 MAIDEN NAME Margarett Dallaun 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RESIDENCE (FOR HOSPITALS, INSTIT	
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (latermant) Wilber Haulis	Where was disease contracted, if not at place of death? Former or usual residence	
15 File	(Address) Sel Chi mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER -ADDRESS:	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

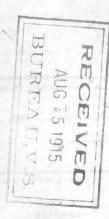


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Mcdical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," death), 29 ds.; For Vio-



V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	Harland 1100	CERTIFICATE OF DEATH
Count	ty Comments	na la
	60,9	Registration Dist. No.
Villag	e or City Shorthand No.	St.; Ward) [It death occurred in a hospital or institution,
	al year	give its NAME Instead
	2 FULL NAME Stund of Oak	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 STNGLE, MARRIED, MARRIED, WIDOWED Married	16 DATE OF DEATH Rely 3 9 1015
n	Tale Black Married OR DIVORCED (Write the word)	Month) (Day) (Year)
6 DA	TE OF BIRTH	17. I HEREBY CERTIFY, That I attended deceased from
-	(lenkrown,	19N, to flat, 1915,
-	(Month) (Day) (Year)	that I last saw h alive on July 24, 191
7 AG	If LESS than t day, hrs.	and that death occurred on the date stated above, atm.
al	t 48 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 00	CUPATION	Calcular disease of
2 ypar) Trade, profession, or Laborer, floular kind of work	hust -
bus	General nature of industry includes, or establishment in	(Ourstion) Z yrs mos ds.
whi	ch employed (or employer)	
9 BI	RTHPLACE (State or country) Harbord Co.	Contributory Secondary
	10 NAME OF ALL OF	(Ourstion)yrsmosds,
	FATHER Reiny Harren	(Signed) , m. u.
18	11 BIRTHPLACE	July 29, 191 J. (Address Clinglier Had.
F	OF FATHER (State or country) Harford Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PARENTS	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
a.	13 BIRTHPLACE	OR RECENT RESIDENTS)
	OF MOTHER (State or country) Creperious	of death yrs. mos. ds. State, yrs. mos. ds.
14 TH	HE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Ralph mitchell	Former or usual residence
	(Address) Short Lave Harfred 20	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address) Storrage, agran	Union Chafsel July 31, 191 5
FIL	of July 29 1915 Preor Allefant	20 UNDERTAKER ADDRESS
	REGISTRAR	Ja Perington Hou Havede man
	If re blanks are needed, address State Registrar,	W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired wife, Housework, or At Home, and children, not gainfully & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. Never return "Laborer." "Foreman," "Manager," "Tealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, Locomolive engineer, various pursuits can be known. The question Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "An temia" "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound of "Coma," (merely symptomatic), "Atrophy," "Col-oma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by carbolic Never report mere acid-probably



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RECORD

PERMANENT

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Harfurd should is PHYSICIANS shoul Registration Dist. No. [If death occurred inWard) a hospital or institution. give its NAME Instead of street and number. I statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH classified. pe (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... / ... 1 day,....hrs. OR min. ? properly AGE BOCCUPATION (a) Trade, profession, or none particular kind of work. supplied. pe (b) General nature of Industry. business, or establishment in (Duration) ____ yrs. 2 mos /2 ds. may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 20 ō back ARENTS 11 BIRTHPLACE terms, should OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME instructions OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. informati OR RECENT RESIDENTS) = 13 BIRTHPLACE At place In the OF MOTHER EATH (State or country) of death _____ yrs. ___ mos. __ _ ds. State Where was disease contracted. THE ABOVE IS TRUE If not at place of death? .. P E Former or OF Item Every Item CAUSE OF Important. osual residence DATE OF BURIAL (Address) 15 ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of



	PLACE OF DEATH	STATE OF MARYLAND
	· Harden of	CERTIFICATE OF DEATH
Co	unty MATA	N 181
		Registration Dist, No. / 0
Vill	lage or City / Mymam (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME Amie Del	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51		16 DATE OF DEATH July 19 1915
To	male tolored widowed, Midown (Write the word)	(Month) (Day (Year)
6 D/	(Month) (Day (Year)	that I last aaw her allive on June 28 191
TAC		and that death occurred on the date stated above, at 5 2 m.
	76 yrs 10 mos 2 ds OR min.?	The CAUSE OF DEATH* was as follows:
800	CCUPATION	Central Demorrhage
(a)	Trade, profession, or	
	General nature of industry,	444444444444444444444444444444444444444
bus	iness, or establishment in	(Ouration)yrsmosds.
	ch employed (or employer)	Contributory Januly in avataux
	(State or country)	Secondary
	10 NAME OF	(Ooration) yrs Z mos ds.
	FATHER LA COL Ho Simms	(Signed)
S	11 BIRTHPLACE	7-26 1915 (Address) Greginan Mes
Z	OF FATHER (State or country) Manual and	
ARENTS	12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	OF MOTHER CEMPINETTO Solomo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Manufam	At place of death
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
((Interment) Henry & Holland	If not at place of death? Former or usual residence.
	(Address) Lemman an ma	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15	(Audioso)	Ma (Al Maria 10 0 21 1-
	July 24 5 - (Scort Mulhar	29 UNDERTAKER ADDRESS
FILE	191 REGISTRAR	(U) (I) a la l
		trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmia," "PUEBPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG - 5 1915
BUREAU, V.S.

9	AGitin		yrs. mos. ds. OR min.?	The CAUSE OF DEATH # was as follow
	upplied.	20ar	CUPATION) Trade, profession, or flourar kind of work) General nature of industry	acute Rephil
	arefully sain terms	whi	Iness, or establishment in chemployed (or employer) RTHPLACE (State or country) Lave de Lace Miss	Contributory (Duration) — Secondary (Buration) —
	on should be of DEATH in pluportant. Se	RENTS	10 NAME OF FATHER William Wilson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) *State the Disease Causino Death, or, Causes, state (1) Means of Injury; and (5) Suicidal or Homicidal.
DIA TEIGH	of informatic CAUSE OF ON is very in	14 TH	OF MOTHER Sarah Hyland 13 BIRTHPLACE OF MOTHER (State or country) ME ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, Where was disease contracted, if not al place of death?
	ery item could state		(Informant) Mrs. Hate Wilene (Address) Have de Grace	Former or usual residence 19 PLACE OF BURIAL OR REMOVAE (19 PLACE OF BURIAL OR REMOVAE)
V. S. No. 1.	N. B.—Ev	15 File	If more blanks are needed, address State Registrar,	20 UNDERTAKER J. L. Perrent Journal of W. Saratoga St., Balto., Reducting V. S. No. 1.

755

5 SINGLE, MARRIED, Marked WIDOWED Marked ORDIVORGED (Write the word)

(Day)

(Year)

If LESS than 1 day, hrs.

1 PLACE OF DEATH

² FULL NAME

3 SEX

7 AGE

6 DATE OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead

elsou,	of street and number.]
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH	nth) (Day) (Year)
Jah 322, 1915, to	attended deceased from
that I last saw h and alive on and that death occurred on the day	te stated above, at 4 m
The CAUSE OF DEATH * was as fo	
acute Refs	ritis
(Durat	
Secondary Secondary	na A
(Signed) (Burat	lon) yrs mos. 3 ds
*State the Disease Causino Deat. Causes, state (1) Means of Injury; Suicidal or Homicidal.	H, or, in deaths from VIOLENT and (2) whether ACCIDENTAL,
18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS)	
19 PLACE OF BURIAL OR REMOVAE	DATE OF BURIAL L July 1801 5
20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Cracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiof the second statement. mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--('oal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations heod-homicide; Poisoned by to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent Deatus "Puerperal peritonitis," birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valcular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes, Whooping ges, perilonaeum, etc., Carcinomo, Sorcoma, etc., of... cause. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childby railway train-accident; Revolver "Coma," The nature of the injury, as fracture of skull "Senile," "Convalsions," etc.), etc. State cause for which "Dropsy," carbolic acid-probably "Debility" Never report mere "Atrophy," "Exhaustion," wound of ("Con-

